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BIBDATASHEET

CONFIRMATION NO. 7538

Bib Data Sheet

SERIAL NUMBER 09/890,227	FILING DATE 11/14/2001 RULE	CLASS 381	GROUP ART. UNIT 2643	ATTORNEY DOCKET NO. HHI-033US
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APPLICANTS

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** CONTINUING DATA *****
 This application is a 371 of PCT/DE00/00191 01/21/2000

** FOREIGN APPLICATIONS *****
 GERMANY 199 03 090.1 01/27/1999
 GERMANY 299 10 318.8 06/14/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/28/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged _____
 Examiner's Signature Initials

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TITLE
 Auditory treatment device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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